

# The international Forum for Strategies for developing the health Sector in Libya 2022



المؤتمر الخامس للبحوث الطبية  
5th Medical Research Conference

يتشرف المؤتمر الخامس للبحوث الوطنية بدعوتكم للمشاركة وحضور مؤتمر فعاليات الحدث العلمي بملقتي  
الدولي لاستراتيجيات تطوير قطاع الصحة وذلك في الفترة من

( 16-18 نوفمبر 2022 )

حضوركم يشرفنا

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**د.عبدالعزبز علي اسماعيل الرابطي**

صاحب كلمة المؤتمر  
عميد كلية الطب البشري و رئيس لجنة عمداء كليات الطب  
رئيس قسم جراحة الجهاز الهضمي السفلي  
رئيس المجلس الأعلى للجراحة بالمستشفى الجامعي طرابلس



## كلمة رئيس المؤتمر

بسم الله الرحمن الرحيم، والصلاة والسلام على سيدنا محمد النبي الكريم...  
بمناسبة افتتاح المؤتمر العلمي الخامس لكلية الطب البشري -جامعة طرابلس-؛ هذه الجامعة العريقة التي آلت على نفسها النشاط العلمي والأدبي المستمر في أروقة أقسامها وكلياتها المختلفة.  
نحيي الضيوف الكرام. والسادة المحترمين رئيس الجامعة والوكلاء. عمداء الكليات والأستاذة المشاركين من الخارج والداخل. رؤساء الأقسام العلمية وأعضاء هيئة التدريس والموظفين وأبناءنا الطلبة وكل المهتمين والحضور الكريم.  
كما نحيي كل اللجان التحضيرية والعلمية رؤساء وأعضاء، التي قامت بالتحضير والإعداد لهذا المؤتمر ونخص بالذكر "د. أمال الترهوني" رئيس اللجنة العليا للملتقى الدولي لاستراتيجيات تطوير قطاع الصحة برعاية فخامة رئيس وزراء حكومة الوحدة الوطنية على دعمها وتغطيتها للمؤتمر تحت هذه المظلة الرسمية.  
إن هذا المؤتمر يأتي ضمن نشاطات الكلية السنوية الذي يتم فيه استعراض الجديد في العلوم والبحث العلمي من خلال المحاضرات العلمية المباشرة وعن بُعد وحلقات النقاش والأوراق العلمية البحثية والتي سيتم تجميعها ووضعها في توصيات وإحالتها للجهات ذات العلاقة.  
وعلى هامش المؤتمر تم افتتاح معرض للكتاب الطبي بالمكتبة الطبية بحرم الكلية شاملاً كل التخصصات الطبية والطبية المساعدة >  
إن شعار كلية الطب دائما التجديد؛ فقد تم إعداد ملفات الدراسات العليا في كل التخصصات والتي بدورها ستساهم في حل مشكلة المعيدون الذين لم يحالفهم الحظ في الحصول على إيفاد للدراسة بالخارج، وفي هذا المقام نأمل من الجهات ذات العلاقة بتمكينهم من الإيفاد الداخلي وتحسين وضعهم الوظيفي لنتمكن من بناء كوادر هيئة التدريس في مختلف الأقسام العلمية.  
إن أسرة الكلية تعمل وبصفة جماعية وبشكل مستمر من أجل التطوير والتحسين والاهتمام برفع معايير الجودة للوصول إلى مستوى الاعتماد الدولي إن شاء الله.

نشكركم مرة أخرى ونحييكم ونتمنى لكم مؤتمرا ناجحا إن شاء الله

أ.د. عبد العزيز علي الرباطي  
عميد كلية الطب البشري - جامعة طرابلس



## كلمة رئيس اللجنة العلمية

السادة الزملاء والأساتذة والطلاب...

السلام عليكم.

أتشرف بأن أكون رئيساً للجنة العلمية للمؤتمر الخامس للبحوث الطبية بكلية الطب البشري -جامعة طرابلس-، وبالرغم من ضيق الوقت للإعداد لهذا المؤتمر نتيجة عدة ظروف فإن اللجنة العلمية حاولت إعداد برنامج علمي يتمشي مع أهداف ومحاور المؤتمر، وتكليف أساتذة مرموقين بإعطاء المحاضرات الرئيسية.

نأمل أن تستمتعوا ببرنامج المؤتمر وأطلب من الجميع المشاركة الفعالة في أنشطة المؤتمر خاصة بالنقاش الجاد للورقات وأثناء حلقات النقاش لنخرج بتوصيات تساعد في تطوير الأبحاث الطبية بالكلية والجامعة.

أشكر جميع من ساهم في الإعداد والإشراف على هذا المؤتمر، وكذلك الأساتذة الذين سيشاركون بمحاضرات والذين سيشاركون بورقات علمية وحلقات النقاش.

أ.د. نورالدين حسن عريبي  
رئيس اللجنة العلمية



أ. د. عبد العزيز علي الرابطي رئيس المؤتمر

أعضاء اللجنة الاستشارية:

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أ. د. عمر إبراهيم ابوسنينة

أ. د. ميلودة رجب الحمادي

أعضاء اللجنة العلمية:

أ. د. نورالدين حسن عريبي رئيساً

أ. د. عبد الله مسعود بشين

د. كريمة الأمين شلابي

د. لبنى فتحي المقهور

أ. خولة امحمد بن ضو

أ. د. المهدي الخماس

أ. د. حواء جمعة الشريف

أ. د. عبد المجيد مسعود أبو راوي

أ. د. الهادي عبدالسلام عريبي

أعضاء اللجنة التحضيرية:

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د. هيثم محمود السالمي

أ. محمد عبد الناصر الرايس

أ. حميدة علي الشوشان

محمد النوري الساحلي

د. ميلاد الصيد الغويل

د. عبير حسين ابوراس

د. رحاب عبد الله بن عبد الله

د. بشير علي غومه



**Ministry of high education**  
**University of Tripoli**  
**Faculty of medicine**  
**The fifth conference on medical research**  
**17th November 2022**

**Scientific Programme**

Time	Topic
08:00-09:00	Registration
09:00-09:10	Welcome Message
09:10-10:40	First session, Invited Lectures Moderators: Prof: <b>F.Benrajab</b> , Prof, <b>A.Tomi</b> , Prof, <b>O.Abosnine</b>
09:10-09:40	Reviewing manuscripts for publications in medical journals. Professore <b>M.ElKammas</b> .
09:40-10:10	Pillars of writing medical research Professore <b>M.Elhammadi</b> .
10:10-10:40	Research ethics, <b>Dr. A.Aborawi</b> .
10:40-11:00	coffee break.
11:00-12:10	Free Paper session Moderators: Prof: <b>K. Ghadara</b> , Prof, <b>F. Elturjman</b> , Prof, <b>A. Abodaheer</b>
11:00-11:12	Epidemiology of tuberculosis among children and adolescents attending tuberculosis clinic at national center for disease control, Tripoli_Libya, (2012,2018) Prof: <b>A. Torkia</b> , Prof, <b>M.Elhammadi</b> .
11:12-11:24	the Association between H. pylori infection as independent risk factor for coronary heart disease. <b>A.Alajeely</b> , <b>E.Bzizi</b> , <b>M.Afadly</b> , <b>A.Dwaya</b> .
11:24-11:36	Clinical outcomes of standard therapy among H.pylori infection in Tripoli - Libya. <b>A.E.H. Kreim</b> , <b>S.M.A. Abumaeza</b> .
11:36-11:48	Determinants of Leishmaniasis among libyan patients in university hospital (2018,2019) <b>H.A.Dahkeel</b> , <b>G.M. Shakshoki</b> .
11:48-12:00	Mode of presentation of congenital hypothyroidism, and need for neonatal metabolic screening. <b>O.M.Dogga</b> , <b>M.A.A.ALSahili</b> , <b>K.A.Alansari</b> , <b>Q.F.Madi</b> .



**الملتقى الدولي لإستراتيجيات تطوير قطاع الصحة في ليبيا**  
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Time	Topic
12:10-13:10	Free Paper session (2) Moderators: Prof: <b>A. Eljameel</b> , Prof, <b>M. Ellood</b> , Prof, <b>A. Suliman</b> .
12:10-12:22	Nutritional value of arum cyrenaicum hurbycorms. <b>L.BenRamdan. A.Zwawi, M.Algriani, A.auzi</b> .
12:22-12:34	The incidence and risk factors for development of new onset diabetes after Kidney transplantation in Libyan patients, Single center experience. <b>J.S.Elamouri</b>
12:34-12:46	The epidemiology of primary liver cancer at the national cancer institute Misurata (2004,2021) <b>M.Abusanuga, M.Elfagieh</b>
12:46-12:58	
13:00-15:00	Round table discussion 1) Hurdles and difficulties facing scientific research in facultyof medicine, university of Tripoli. 2) Post graduate studies. 3) Clinical teaching staff. Moderators: <b>Prof: A.A Rabti, N.H. Aribi, Dr. A.Nefati, M.Sriti, M.Aboshkiwa, M.Rahoma</b>
15:00-15:15	Closing remarks and recommendations.
15:15	Lunch.

# SPEAKERS OF THE FORUM

الدكتور عبد العزيز علي اسماعيل الرباطي  
**(رئيس المؤتمر)**  
استاذ جراحة عامة  
رئيس قسم جراحة الجهاز الهضمي السفلي  
رئيس المجلس الأعلى للجراحة بالمستشفى  
الجامعي، طرابلس  
عميد كلية الطب البشري، طرابلس  
رئيس لجنة عمداء كليات الطب بالجامعات  
الليبية



الدكتور المهدي الخماس  
**(المتحدث الرئيسي وعضو اللجنة العلمية)**  
استاذ شرقي  
جراحة زراعة الأعضاء  
جامعة ولاية اوهابو  
استاذ جراحة الأعضاء جامعة اوهابو  
عضو اللجنة العلمية للمؤتمر ومشارك  
بمحاضرة عن بعد وادارة حلقة نقاش



اد.خالد قداره  
رئيس اللجنة التحضيرية للمؤتمر الخامس  
للبحوث الطبية  
وكيل كلية الطب البشري  
استاذ علم السموم



اد. نورالدين حسن عربي استاذ الجراحة  
**(رئيس اللجنة العلمية)**  
العامه بكلية الطب جامعة طرابلس  
استشاري الجراحة العامه  
مستشفى طرابلس المركزي  
رئيس اللجنة العلمية للمؤتمر الخامس  
للبحوث الطبية



## Abstracts of oral presentations

### OP1: Epidemiology of tuberculosis disease among children and adolescents attending tuberculosis clinic at National Center for Disease Control in Tripoli-Libya, (2012-2018)

Torki A<sub>1</sub> , Elhamadi M<sub>2</sub>

<sup>1</sup> Tuberculosis clinic at National Center for Disease Control, Tripoli, Libya

<sup>2</sup> Family and community medicine department, Faculty of medicine, University of Tripoli

**Background:** Tuberculosis (TB) continues as a global public health threat predominantly affecting low- and middle-income countries. It remains a leading infectious cause of global childhood morbidity and mortality. However, few studies have focused on TB in young children, where lack of early diagnosis results in poor outcomes. Identification of risk factors for adverse outcomes will be crucial to future control efforts for childhood TB.

**Objectives:** To describe the pattern of the disease according to demographic, clinical presentation, diagnosis; and treatment outcomes.

**Methods and materials:** The study was descriptive, cross-sectional type, conducted at TB clinic at NCD in Tripoli. All medical records of children aged less than 18 years old and diagnosed as TB active disease and received anti -TB medication for at least one-month duration, from 1<sup>st</sup> January 2012 to 31<sup>st</sup> of December 2018 were reviewed. Data included Socio-demographic, clinical, diagnostic and treatment outcomes; and analyzed by SPSS program version 20.

**Results:** A total of 408 children were diagnosed as a case of TB during study period. Proportion of TB among children and adolescent (<18) in during study period from 2012 to 2018 was 7.9%. Females were accounted for 56.4% of the cases; male to female ratio was 1:1.3. Median age was 11 years, and 56.1% of the cases were in age group 10-17 years old; 88% of the cases were Libyan, and 12% were non Libyan with different nationality. Most of the cases from Tripoli and Sabha. Of these, 210 (51.5%) had pulmonary TB with 29.7% of sputum smear negative cases. Lymphatic system was the most common site of extra pulmonary TB (65.3%). BCGitis was documented in 16(3.9%) of cases. Most of SP-PTB cases diagnosed bacteriological (96.9%). Majority of SN-PTB diagnosed clinically (74.4%), and 121 (61.1%) of EPTB diagnosed by biopsy.

The successful rate was 53.7%, 35.3% of cases were lost of follow-up and about 2.5% relapse cases, while 1.5% died during course of treatment. About 0.7 of the cases were HIV seropositive. Furthermore, age of the child, nationality, region of residence and type of TB are independent predictors of childhood TB in this study.

**Conclusions:** Childhood TB represented 7.9% of all TB burden at Tripoli between 2012 and 2018. The proportion of TB among children and adolescents at Tripoli TB center increased from 2012 (7.2%) to 2018 (8.5%); frequency of TB higher in females. Higher proportion of EPTB was seen, mainly among Libyan; greater numbers of cases were diagnosed on clinical background. The treatment outcome was significantly associated with age, region of residence, nationality and TB type.

## **OP2: The Association between Helicobacter pylori infection as an Independent Risk Factor for Heart Coronary Disease.**

Asma Alajeeli<sup>1</sup>, Esra Bzizi<sup>1</sup>, Malak Alfadli<sup>1</sup>, Abdulaziz Dwaya<sup>2</sup>,

<sup>1</sup> Student at University of Tripoli / Faculty of Medical Technology – Department of Medical Laboratories Sciences

<sup>2</sup> Lecturer at University of Tripoli / Faculty of Medical Technology – Department of Medical Laboratories Sciences

**Background:** Several studies have been supported the association between *H. pylori* infection and heart disease. However, such a relationship is not definitely proven. Aim: the aim of this study was to determine whether *H. pylori* contribute in developing of heart disease as independent risk factor

**Material and Method:** Serum was analyzed for presence of H.pylori specific IgM antibody. And then Troponin I levels (TN-I) was analyzed in all specimens

**Result:** In this study, 45 of the subject was positive (patient) and 47 subject was negative(control), there was statistically significant difference between troponin I level and *H.pylori* igM result ( $p=0.029$ )

**Conclusion:** We conclude that *H.pylori* probably play a major role as an independent risk factor for heart disease; more studies are needed to confirm this relationship

### **Op3: Clinical outcome of standard therapy among H.Pylori infection in Tripoli**

**AMBARAKA EID.H. KREIM,SARRA MOHAMED AHMED ABUMAEZA**

Department of Public Health, Faculty of Medical Technology, University of Tripoli

**Background:** The "Helicobacter Pylori" commonly called H. Pylori infection is one of the common diseases and spread widely among the different classes of society, so that it infects and develops in the stomach and small intestine, and it is a Gram-negative bacillus. The efficacy of standard triple therapy (STT) in treating Helicobacter pylori infection has decreased. Many investigators have tried to increase the suppression rate.

The study **aimed** to discover the clinical results of the usage of triple therapy to eliminate H. Pylori. Methods: this study has been carried between 2nd of May and 25th of August on 110 of people have H. Pylori bacteria and treatment with triple therapy aged between 14-60 years, who have applied to Tripoli Medical Centre in Tripoli city, Libya.

**This study was conducted** by "Cross Sectional Study". A standard interview-based questionnaire was used to obtain data on personal information such as ( age, sex and income level), medical and drug information such as (use triple therapy, duration and side effect of drug). Results: it was discovered that about 75% of patients recovered and improved from H. Pylori after using the triple therapy, and the recent study establish that the meals and females are infected at approximately the same rates, these bacteria can infect at any age, and in this study was also presented about 61.8% of the cases who were infected with H. Pylori depended on fast food, and therefore there is a direct relationship between the type of food and infection with bacteria.

**Conclusion:** From this point of view, the triple therapy is a first line of defense, which doctors recommend to treat H. Pylori by Triple therapy (STT= clarithromycin, and amoxicillin or metronidazole). and must spread health awareness among people by avoiding fast and unhealthy foods, avoiding stress, anxiety, excessive use of non-steroidal pain-killers, and maintaining general and personal hygiene. Further research in Libya is needed to establish the potential role of standard triple therapy and food in H. pylori treatments

## **Op4: Determinants of leishmaniasis Among Libyan patients in University hospital 2018\_2019**

**Dr. Hajir Ali Dakheel. Dr. Gamaleddin Mabrouk Shakshouki.**

**Background:** Leishmania endemic disease in 88 countries which include Libya.. CL is distributed nearly exclusively in north-western districts where L. major is the dominant causative species. The control efforts of the sandfly vectors of leishmaniasis are problematic and directed only to adults. It is very difficult to adopt one control strategy for all endemic areas Spread of leishmania related to socioeconomic states.

**Aim:** The aim of this study is to describe the epidemiological aspects of leishmania and their effect on the spread of leishmania among Libyan people.

**Methods:** Cross- sectional Study with a convenient nonrandom sample will be performed on leishmania patients who attended a dermatology department outpatient clinic at university hospital and clinically diagnosed or approved their diagnosis by leishmania with laboratory or microscopic or polymerase chain reaction (PCR) technique during nine months' period from July 2018 till June 2019. The obtained data w analyzed using (SPSS 16.0)

**Result:** most of the 36 cases were male and diagnosed in November only 11 cases have been diagnosed by microscopic diagnosis, The most affected site was the upper extremities affected Fewer lesions have been recorded on faces. The marjory of the lesion was considered a dry lesion with no lymphadenitis. The majority of patients gave a history to travel to another city and endemic area, (80.6%) of patients live on the first floor, (83.3%) of patients gave a history of contact with animals, (52.8%) of the patient recorded the presence of animal feeding and fodder nearby them. Most of the patients (88.8%) were spending time outdoors or sleeping outdoors at night. The majority of patients did not use mosquito repellent (88.8%). (47.2%) of patient record the absence of an unsanitary environment, while (13.9%) record the presence of waste disposed of in open areas, and the same percentage to open sewerage. **Conclusion:** most of the cases were dry ulcers and were well treated by liquid nitrogen keeping scar after. The peak of cases was in November majority of patients gave a history of living in an endemic area or visiting an endemic area. Residency of areas close to animal feeding and fodder or nearby farm was well observed, in addition Personal behavior as spending nights' outdoors was well observed as well lacking of the use of protective measures against mosquitoes. bad sanitary environment was observed with no proper disposal of waste products and sewerage. That indicates to more protective program against mosquitoes in the country, especially in endemic areas.

## **Op5: mode of presentation of congenital hypothyroidism, and need for neonatal metabolic screening.**

**O.M.Dogga, M.A.Alsahiii, K.A.Alansari, Q.F.Madi.**

### **Abstract**

Congenital hypothyroidism (CH) is inadequate thyroid hormone production in newborn infants. It can occur because of an anatomic defect in the gland, an inborn error of thyroid metabolism, or iodine deficiency. CH is the most common neonatal endocrine disorder; thyroid dysgenesis was thought to account for approximately 80% of cases.

We have **studied** 16 patients ( 10 males, 6 females seen in Unit four Paediatric Endocrine department Tripoli University Hospital in Tripoli - Libya ,ages between 0-6 months, diagnosed as congenital hypothyroidism ,were studied prospectively and retrospectively for the mode of presentation including initial age, sex of patients , features at presentation, family history of thyroid disorders ,developmental status and results of thyroid function test (FreeT4 &TSH).

**Our study** shows that male to female ratio 1.6 :1, Most of the patients (8) presented with prolonged jaundice,3 coarse facial features ,4 with excessive sleep ,3 with weight increase,3 lethargy &sleepy with poor feeding,3 Mothers were hypothyroid ,Developmental delay observed in 4 patients presented at age of 3 months or more, 2 patients with hypotonia.

**We conclude** that early diagnosis and treatment of congenital hypothyroidism is very important critical point for saving the mentality of the affected patient, Thyroid function test should be done in all babies presented with prolonged jaundice. Neonatal metabolic screen for the condition is the most important points in early diagnosis and prevention of mental retardation.

## OP6: Nutritional value of *Arum cyrenaicum* Hurby corms

Laila Ben Ramadan<sup>1</sup>, Abudurzag Zwawi<sup>2</sup>, mabroka Algriani<sup>3</sup> and Abudurzag Auzi<sup>4</sup>.

1 -Libyan Biotechnology Research Center

2-Faculty of Medicine, Tripoli University-Tripoli, Libya. 3-Food and Drug Censorship Center-Tripoli-Libya

4- Faculty of Pharmacy, Tripoli University-Tripoli, Libya.

### Abstract

The objective of this review was to present the nutritional values and food security cultivated for its edible is a family of Araceae It ,importance of *Arum cyrenaicum* It is used as a staple food or subsistence food by of .corms in Aljable-aAlkhdar Libyan people during Italian occupation.found to be rich in carbohydrate, protein and *Arum cyrenaicum*was Nutritionally, of fat, the Carbohydrate (74.59%), protein (7.19%), fat (0.29%) on a dry low amounte contains fairly high amount of ash; total ash weight basis. *Arum cyrenaicum*.From which it can be inferred it contain good mineral contents )%(4.13It was reported in this study to be rich in nutrients, including minerals such as sodium, calcium, phosphorus, iron, and zinc. Results indicated this plant is excellent sources of minerals particularly of sodium, calcium, iron, copper, zinc, and phosphorus; 46.3, 4.721.39, 2.9, 3.4, and 0.18 respectively.

Now a day, zinc deficiency is widespread and affects the health and well-being of is one of the few non animal populations worldwide and since of *Arum cyrenaicum* with adequate zinc content is beneficial in promoting sources of zinc, *A. cyrenaicum* healthy aging is particularly important as it prevents neoplastic cell growth, is therapy with zinc involved in mitotic cell division, DNA and RNA repair. In addition oxidative stress markers and generation of can improve immunity; it decreases this ,inflammatory cytokines and exhibits antioxidant and anti-inflammatory activity effect encourage to use this plant in protective and treatment of corona virus. All these results are known for the first time about *A. cyrenaicum*

## **Op7: Incidence and Risk Factors for Development of New-Onset Diabetes after Kidney Transplantation in Libyan Patients: Single Center Experience.**

Jamila Salem Elamouri  
Tripoli Central Hospital/ University of Tripoli

**Background:** New onset diabetes mellitus (NODAT), also known as posttransplant diabetes mellitus (PTDM), a common complication after kidney transplantation, is associated with an increased risk of graft failure and death. Therefore, minimizing the risk of NODAT is a priority after kidney transplantation.

**Aim:** The study aims to determine the prevalence of NODAT, the risk factors for its development, and the therapeutic drugs used for its management.

**Methodology:** This is an observational, retrospective study on kidney recipients who were followed up in our center during 2021. After excluding known diabetic patients, second transplant patients, and those with follow-up periods < 6 months, 308 recipients were included in the study. Demographic, clinical, and laboratory data were collected from the patient records. The patients were categorized as diabetic or non-diabetic. The data were analyzed by using SPSS version 25.

**Results:** The mean age of all the patients was  $35.85 \pm 11.56$  years SD. The male-to-female ratio was 2.24:1. The overall prevalence of NODAT was 38.1%. The median time to NODAT diagnosis was 6 months. Patients older than 40 years were more likely to develop NODAT (61.1%) ( $p = 0.000$ ). The prevalence of pre-transplant BMI > 25 was significantly higher (67.6%) than among non-NODAT patients ( $p = 0.000$ ). NODAT patients were more likely to have had a rejection episode (65% vs 35% in non-diabetic patients;  $p = 0.11$ ). A high trough level of calcineurin inhibitors carried a significant risk of NODAT development. Tacrolimus trough level  $\geq 10$  ng/ml had an odds ratio of 57.9 (7.689–1262.2; CI- 95%;  $p = 0.0007$ ) for development of NODAT. Likewise, a cyclosporine-A trough level  $\geq 150$  mg/ml had an odds ratio of 100.7 (7.31–4293.5; CI- 95%;  $p = 0.0028$ ).

**Conclusion:** NODAT prevalence was high in our study sample. Older age, high BMI, prior rejection episode, steroid dose, and high calcineurin inhibitors trough levels were significant risk factors for the development of NODAT.

## **Op 8: Epidemiology of primary liver cancer at the National Cancer Institute Misurata, Libya (2004 -2021)**

Muna Abusanuga<sup>1</sup>, Mohamed Elfagieh<sup>2</sup>

<sup>1</sup>Cancer registry department, National Cancer Institute Misurata, Libya <sup>2</sup>Surgical oncology department, National Cancer Institute Misurata, Libya

**Background:** Globally, the primary liver cancer defined as the third leading cause of cancer deaths. In 2016, the fifth most common cause of cancer death in Libyan women was liver and intrahepatic bile duct cancer.

### **Aim:**

This study aimed to provide an overview about the pattern of primary liver cancer at the National Cancer Institute Misurata, Libya.

### **Methodology:**

A retrospective cross sectional study design. Data of primary liver cancer obtained from the archive of National Cancer Institute Misurata (hospital based cancer registry) from 2004 to 2021. Data entered, and analyses by Microsoft Office Excel 2013.

### **Results:**

From 2004 – 2021, primary liver cancer types were account for 1.7% out of all the newly registered cancer cases at National Cancer Institute Misurata. It was more prominent in male cases 51.5%. Hepatocellular carcinoma was the most commonly registered histological subtype during this period by 57.7%. Median age for liver cancer was 65 years (range 32 – 99 years).

### **Conclusion:**

This study showed no cases of primary liver cancer in patients under 32 years old at the National Cancer Institute Misurata. This study found no cases of primary liver cancer in people under the age of 32 at the Misurata National Cancer Institute. This issue has the potential to highlight the effect of the hepatitis B vaccine within the Libyan community.